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## APPLICANTS

Norbert Rahn, Forchheim, GERMANY;  
Siegfried Wach, Hoechststadt, GERMANY;  
Rainer Graumann, Erlangen, GERMANY;  
Johannes Bieger, Erlangen, GERMANY;  
Gerold Herold, Erlangen, GERMANY;  
Gerd Wessels, Effeltrich, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

SCHIFF HARDIN LLP  
PATENT DEPARTMENT  
6600 SEARS TOWER  
CHICAGO ,IL 60606-6473

## TITLE

MEDICAL WORKSTATION, IMAGING SYSTEM, AND METHOD FOR MIXING TWO IMAGES

<b>FILING FEE RECEIVED</b> 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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